



## **PLEASE REMIT TO:**

INDIANA DEPT OF ENVIRONMENTAL MGMT CASHIER OFFICE - MAIL CODE 50-10C 100 NORTH SENATE AVENUE INDIANAPOLIS IN 46204

Customer

SPARTECH PLASTICS
MR LEW WOLFE
PO BOX 958
WARSAW IN 46581-0958

INVOICE

Page:

Invoice No: 000041629
Invoice Date: 07/07/2005
Customer Number: CST100000410

Bill Type:

Payment Terms: NET 60 Due Date: 09/05/2005

AMOUNT DUE:

120.00 USD

**Amount Remitted** 

061

Note Address Changes Above.

For billing questions, please call 317-233-0604

Line Adj Identifier Description Quantity UOM Unit Amt Net Amount

- PLEASE NOTE NEW REMIT TO ADDRESS ABOVE.
- This annual fee billing is required for active Public Water Systems (to defray the costs of administering activities of the federal Safe Drinking Water Act) under Indiana Code: IC 13-18-20.5. To view via the internet, visit:

http://www.IN.gov/legislative/ic/code/titlel3/ar18/ch20.5.html

- Fees are based on the activity status as of December 31 of the previous year.
- Fees on Non-Transient Non-Community Water System will be based on the number of population on record by December 31 of the prior year.
- Fees are not pro-rated. If a system is sold or inactivated during the billing year, the amount of the assessed fee remains due and payable.
- Fees assessed for 2005 billing year are equal to two-thirds (2/3) of the fee required as established under section 2 of the above-mentioned law.
- If payment of the assessed fee amount imposes an undue burden on the public water system, the facility may notify this Agency within forty-five (45) days of this invoice date to pay in four equal installments within a year.
- Payments not received or received after the DUE date are subject to a delinquency charge equal to 10% of the assessed fee.
- If several invoices are to be paid by one check, you MUST INCLUDE A COPY OF EACH BILLING INVOICE in order to ensure proper credit for each fee assessment.
- For questions regarding your assessed fee amount, please contact the Drinking Water Branch, Office of Water Quality at 317/308-3282.
- ATTENTION: The due date shown in the upper right hand corner of this invoice reflects the standard 60 days past the invoice print date.

1 05-IN2431045N-0

PWS Fee - P:225

1.00

120.00

120.00

TOTAL AMOUNT DUE:

120.00

Please include a copy of your invoice along with payment.

Payments received without a copy of original invoice or invoice number noted on the check will be returned.

## PLEASE REMIT TO:

INDIANA DEPT OF ENVIRONMENTAL MGMT

100 NORTH SENATE AVENUE

PO BOX 7060

INDIANAPOLIS IN 46207-7060

INVOICE

Page:

Invoice No:

000026227 Invoice Date:

08/04/2004

**Customer Number:** 

CST100000410

Bill Type:

Payment Terms:

Due Date:

**NET 60** 10/03/2004

## Customer

SPARTECH PLASTICS

MR LEW WOLFE

**PO BOX 958** 

WARSAW IN 46581-0958

AMOUNT DUE:

60.00

**USD** 

Note Address Changes Above.

For billing questions, please call

317-233-0604

Line Adj Identifier Description Quantity

UOM

Unit Amt

- This annual fee billing is required for active Public Water Systems (to defray the costs of administering activities of the federal Safe Drinking Water Act) under Indiana Code: IC 13-18-20.5. To view via the internet, visit:

http://www.IN.gov/legislative/ic/code/titlel3/arl8/ch20.5.html

- Fees are based on the activity status as of December 31 of the previous year.
- Fees on Non-Transient Non-Community Water System will be based on the number of population on record by December 31 of the prior year.
- Fees are not pro-rated. If a system is sold or inactivated during the billing year, the amount of the assessed fee remains due and payable.
- Fees assessed for 2004 billing year are equal to one-third (1/3) of the fee required as established under section 2 of the above-mentioned law.
- If payment of the assessed fee amount imposes an undue burden on the public water system, the facility may notify this Agency within forty-five (45) days of this invoice date to pay in four equal installments within a year.
- Payments not received or received after the DUE date are subject to a delinquency charge equal to 10% of the assessed fee.
- If several invoices are to be paid by one check, you MUST INCLUDE A COPY OF EACH BILLING INVOICE in order to ensure proper credit for each fee assessment.
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- 04-IN2431045N-0

PWS Fee - P:225

1.00

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**TOTAL AMOUNT DUE:** 

60.00

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IDEM-AR